		PENSE CLAIN	/1	,	See Instri						_			
STD. 262 (REV. 10/92) CLAIMANT'S NAME Statemer					nt on Reverse Side SSAN OR EMPLOYEE NUMBER DEPA					Page) 1	of	1	
Holly Mann POSITION ICB/ID NUMBER											rnor's Office			
POSITION CB/ID NUMBER						DIVISION OR BUREAU					INDEX NUMBER			
Chief of Staff						Office of the First Lady								
RESIDENCE ADDRESS						HEADQUARTERS ADDRESS					TELEPHONE NUMBER			
						State Ca	pitol							
						CITY				STATE			ZIP	
						Sacramento				CA			95814	
	MEALS					r		TI		RANSPORTATION				
MONTH	I/YEAR	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAKFAST	LUNCH	DINNER	INCIDENTALS	COST OF TRANS.	TYPE USED	CARFARE,			BUSINESS	TOTAL
										TOLLS,	PRIVATE CAR	CAR USE	EXPENSE	EXPENSE
DATE	TIME									PARKING	MILES	AMOUNT	IT .	FOR DAY
14-Apr	10am	SMF-DCA			5.54	18.00		126.94	Air			0.00	15.00	1.65
8					-	_						0.00	13.00	165.
15-Apr					9.45	18.00	6.00					0.00	13.69	47.
16-Apr	11pm	DCA-SMF		5.25	10.00	18.00	6.00	126.95	41					
			 	3.23	10.00	18,00	0.00	120.93	Air	4.00		0.00	S	170.2
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SUBTOTALS OLUMN CODE (ACCTG, USE ONLY			0.00	5.25	24.99	54.00	12.00	253.89	0.00	4.00	0	0.00	28.69	
OLUMIN (CODE (A	ICCIG. USE ONLY)									THE RESERVE OF THE PARTY OF THE	THE RESERVE OF THE PARTY OF THE	
										AND THE REAL PROPERTY.	Charles and			
	CLAIM 1	TOTAL											\$292	92
			DETAILS	(Attach re	ceinte wh	en require	d)		· · · · · · · · · · · · · · · · · · ·	T.			\$382	.82
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